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CONFIRMATION NO. 8003

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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 09/842,458 | FILING OR 371(c) DATE 04/26/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. STD 00.02 | |
| APPLICANTS Steven J. Tallarida, Mansfield, MA; Mark Ettlinger, Lexington, MA; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/199,714 04/26/2000 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/18/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 12 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 3 |
| ADDRESS 32047 | | | | | |
| TITLE IMPLANTABLE HEMODIALYSIS ACCESS DEVICE | | | | | |
| FILING FEE RECEIVED 720 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |